## 4031234454

FEC FORM

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## STATEMENT OF ORGANIZATION

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FEC FORM 1

(Revised 02/2009)

2014 MAY 13 AM 8: 36 FORM 1 NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. FOR Democrac ADDRESS (number and street) (Check if address is changed) STATE ZIP CODE CITY COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) dnowagagg (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 05 06 2014 DATE **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erreneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100